## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | 09/11/2014  | Street:                                | 9/10 mile NW of 600 W & 650 S  |  |
|--|---|--|--|--|
| Incident #:  | 14ISPC007830  | Apt, Lot, Room #:                      |  |  |
| <b>County</b> :  | Jasper  | City:                                  | Rensellaer   |  |
| Type of Laboratory Seizure (check one) Seizur  |   |  | on (check all that apply)  |  |
| <ul> <li>☐ Lab Seizure</li> <li>☐ Chemical Seizure</li> <li>☐ Equipment Seizure</li> <li>☐ Dumpsite Seizure</li> </ul>   |   | Residence Outbuilding Vehicle Other:   | Business   |  |
| Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown  |   |  |  |  |
| <b>Items Found</b>   | : Location (bedroom, kitchen, open air, et  | tc) (check all that a                  | pply)  |  |
| ☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: Open ☐ Water Reactive Metal (Lithium): |   | ☐ Corros<br>☐ Corros<br>☐ Ammo         | <ul> <li>Anhydrous Ammonia:</li> <li>Corrosive Acid: Open</li> <li>Corrosive Base: Open</li> <li>Ammonium Nitrate/Sulfate: Open</li> <li>Other (item and location):</li> </ul> |  |
| Child under age 18 discovered (check appropriate)  |   |  |  |  |
| No No  | (number present) not present but evidence they reside   | unclean unclean Estimated occurring:   | length of time manufacturing had been  |  |
| Vehicle, Travel Trailer, RV or Watercraft Information:   |   |  |  |  |
| Owner:<br>VIN:<br>Year:  |   | Make:<br>Model:<br>Color:              |  |  |
| This report l  | has been faxed* or emailed to the following   | lowing agencies                        | that serve the location:   |  |
| Health Depar   | ent: <u>Rensellear VFD</u><br>tment County: <u>Jasper Co. HD</u><br>of Child Services Hotline: <u>dcshotlinerer</u> | Fax: Em<br>Fax: Em<br>ports@dcs.in.gov | <u>nail</u>  |  |
|  | ormation regarding this methamphetam Officer: M. Shortt Phone   | ine laboratory, c<br>800-552-8917      | ontact   |  |
| *This form is to b   | e faxed to the Fire Department. Health Departs  | ment and/or Departm                    | nent of Child Services listed within 24 hours of   |  |

scene processing.